

DISK ORDER FORM

**Kentucky Board Of Dentistry
10101 Linn Station Rd, Suite 540
Louisville, Kentucky 40223
502/429-7280 Fax: 502/429-7282**

☐ DENTISTS \$50 each

Choose: ☐ **Excel Spreadsheet format** or ☐ **ASCII Format:**
☐ Comma Delimited
☐ Tab Delimited
☐ Fixed Width

☐ HYGIENISTS \$50 each

Choose: ☐ **Excel Spreadsheet format** or ☐ **ASCII Format:**
☐ Comma Delimited
☐ Tab Delimited
☐ Fixed Width

*** DISKETTE REQUESTS ARE NOT CUSTOMIZED ***

Field names appear on the first row; standard available fields are on each disk.

*** Allow 2 weeks from date received in the Board office for processing of each request. Payment must be sent with this order form. ***

Mail disk to:

Attention _____

Company Name _____

Address _____

City, State, Zip _____

For office use only

Date Received: _____

Payment: _____

Date Sent: _____